

DISCUSSION

The patient described the method by which the nails were destroyed. She was convinced that she was diseased, and did not realise that she produced the changes herself. Thus she had a fixed hypochondrial delusion of nail disease and in addition a *folie à deux* situation with her sister. It was impossible to convince her that the 'hardness' which she demonstrated was normal nail material and normal skin—she was clearly deluded.

Delusions of infestations can be treated by pimozide (3). Because of the monosymptomatic hypochondrial nail paranoia—which can be included in the same psychotic group of paranoia hypochondriaca as delusions of infestations (4)—the patient was treated with pimozide (Orap®), with excellent results.

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Co-existence of Venereal Infection and Pediculosis pubis

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Received December 14, 1981

Abstract. Over a 5-year period we found an incidence of 15.3% of gonorrhoea in women and 7.2% in men attending the dermatology department with Pediculosis pubis. Moreover there was a 1.5% incidence of syphilis in men. These results clearly indicate that this group of patients is a reservoir of venereal infection. Consequently it must be strongly advised to carry out a complete venereological examination in every adult with Pediculosis pubis.

Key words: Pediculosis pubis; Venereal disease

In recent years several attempts have been made to identify the reservoirs and risk groups for sexually

transmitted disease (5). Scandinavian studies have shown significant rates of asymptomatic gonorrhoea in gynecological departments, family planning clinics and in patients with scabies (1, 2, 3, 4, 6).

Pediculosis pubis in adults, when found in the anogenital region, is considered to be sexually transmitted. To test the general statement of co-existence of venereal infestations and infections it was decided to carry out a 5-year survey in patients with Pediculosis pubis.

MATERIAL AND METHODS

Since 1964 all women, and from 1974 all men, who were admitted to the Department of Dermatology, Municipal Hospital, Copenhagen and had a pubic crab louse or eggs thereof were offered a complete venereological examination, including anogenital inspection, cultures taken from the tonsils, urethra, rectum and in women from the cervix to be tested for gonorrhoea, together with blood samples for syphilis serology, by Statens Seruminstitut, Copenhagen.

From 1.9.74 to 1.9.79 crab louse was found in 69 women and 167 men, the majority belonging to the age group between 14 and 35 years.

RESULTS

Gonorrhoea

59 women and 139 men accepted examination, 9 women, or 15.3% (confidence limit 95%: 7.2–27.0%) and 10 men, or 7.2% (confidence limit 95%: 3.5–12.8%), altogether 9.6% (confidence limit 95%: 5.8–14.5%) had gonorrhoea.

One patient was referred to the gynecological department with a spread of the infection to internal organs. Another woman had a positive culture only from the tonsils and, together with the remaining 7 patients, was asymptomatic.

One of the men had a positive culture from the rectum only; 5 had a history of mild urethral discharge and the rest were asymptomatic.

Syphilis

60 women and 133 men were tested with syphilis serology. None of the women were positive.

5 men, or 3.8%, had a positive test; 3 of these were known and controlled infections. The remaining 2 men, or 1.5% (confidence limit 0.1–3.6%) were found to have early syphilis without observed chancre.

No cases of chancroid or lymphogranuloma venereum were found.

DISCUSSION

The results of this study, which probably reflect data from a rather promiscuous population with an overall higher risk of both infections and infestations, are very similar to results from major studies in British VD clinics in Sheffield (incidence for gonorrhoea up to 28% and for syphilis, 0.4%), though exceeding the findings of gonorrhoea in gynecological departments (2.8%) (1), and contraceptive clinics (3.1%) (7), and still rather higher than age-matched patients with scabies, especially concerning gonorrhoea in men (2, 6).

As stressed in other studies, asymptomatic gonorrhoea is more common in women (5) and, compared with the high incidence found in this study, sexual transmission as the mode of dissemination of *Pediculus pubis* is emphasized.

In conclusion it must be recommended that every patient with a finding or history of *Pediculus pubis*

should be offered a venereological examination including test for both gonorrhoea and syphilis.

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